	PAT	REPOSITION AC OF 1888, NO PER ENT. APPLICATION F. BLADEBILLE I.	FORE AM MORENE AL	U.S. Palari and	Approved for un-	
		THE PHOATION F	EE DETERMINA	hi to a collection of	Nomalion Chica Un	DEPARTURE OMBORY
		Shapiline	or Form PTO-076	INVIKEOOKD		DIAN BARRIO ON CONTRE
•	L. A		DADTI		178	couldn't Dooke Humber
•		(Column 1)	(Column 2)		a constitution of the	10493625
	BASIC FEE	NUMBER FILED	-	SMALL	MITY OR	OTUE
· .	LICUTE LINGUE AL	- Times	HUMBER EXTRA	RATE (1)	1000	OTHER THAN
- 1	BEARCH FEE (V OFR 1. 166V. (V. or (ml))	1		-INTER!	LEE (I)	
Γ					_	RATE (I) . PED (II)
• 73	101A1 (16(0), (p), or (q))					
	*/. VCR 1 16/10 ·	1			——————————————————————————————————————	
i Le	OFR 1.16(N)	mknut 20 e		X		
		Cope : adulte 3 = 4			OR X	
FE	PLICATION SIZE	If the specification and draw sheets of paper, the applicat to \$250 (\$125 for small entity	lings exceed 100	X =.	. 7 F	
1,67	OFR E. (S(2))	24250 (\$ 125 for small engin	A for seed the	["		
:		35 116	in Chemon. See	- 1		
	LITPLE DEPENDENT OU	AM PRESENT OF COM	CA-11.16(8).			
	te difference in column 1	is less than zero, enter of in colum			$\dashv \vdash$	
.	Approx	a less than zero, enter to in colum	THÍ 2.	-	$-1$ $\perp$	
	3007 Column	IN AS AMENDED - PART		TOTAL	TO	TAL
100	100 0 / Colum	- 44			. 10	'AL :
<b>`</b>   ∢	CLAIR REMAK	160 300	(Column 3)	SMALL ENTITY		. '
	ALE VIEW		PRESENT		OR O	THER THAN
FENDMENT.	OPR LEGGE	Minus + PAID FOR	EXTRA"	TIOKAL TOKAL	RATE.	
. 36	eperation 3	Wayne 227		FEEGI	1 L	TIONAL
3 4	blication Stre Fee (31 CFF	1,3			OR XJ	THE (I)
FFR	ST PRESENTATION OF AUG.	(1.10(3))	<u>*</u>		OR X 300	+
	Will the state of	TIPLE DEPENDENT CLAIM , GT.CFR	1.16@l	<del></del>	2111	
			· TOTAL		OR 360	†
	Column 11	Column 21	400L	€€	OR TOTAL	+
	REMAINING	HOHEST	Solaties 3)		- Charles	
	AFTER AMENOMENT		RESENT RATE OF	1 . ADOL: .		
2 PI OPK	Liean I	Klinus 4		THONAL FEE AL	RATE (I).	ADDI-
S Green	rteba.	Mirues 411	x	-	1	THONUL FEE (1)
S Copplicat	lon Size, Fee (37 CFR 1.4	6(s))	·   x · .	1	DR X	
FIRETPR	RESERVATION OF MULTIPLE	DEPENDENT OLYM DI OFR 1.160			R· X	
:		DI CFR 1.160	1			
4 K the and	Vila a d		TOTAL	OF		
on the office	had Humber Presoude p	live entry in column 2, write "o" in co and for the THIS BPACE is less the	ADOL FEE	: OR	4000	
THE TRUTH	St Number Dear	IN LOU IN THIS COVER !	" " 44' EUROC'20' .		ADD'L FEE	/
MIO to process	Mornialion is required by	37 CFR 16 The macpendenty is the	Worked runder work to			
the emount of n	preparing, and submitted	Mally is governed by 35 U.S.C. 122	reduced to obtain or retain	n a benefit ho it.	column 1.	1
The Highest Number Previously Paid For 11 this SPACE is less than 20, enter 20.  Schedien of Information is required by 31 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to the fand by the States and application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is required to obtain or retain a benefit by the public which is to the fand by the States around of time you require to complete distorm and/or suggestions for reducing this time with vary depending upon the inclinations to complete. DRESS. SEHD TO: Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT. SEND FEES OR COMPLETED FORMS TO THIS  If you need assistance in completing the form call there will vary.						
יירים ייירים י	TO: Commissioner fo	or Palon(s, P.O. Box 1450, Alexandri	a VA 223 (3-1450 Pin Line	the sent to the Chief	Individual case. Any con	mplele Miliente
	( you need a	1450, Ale	ALLESS AV , Bhbnaxe	IFO.	OMPLETED FORMS TO	Palent
	, 41000 (	assistance in completing the form c	W 1.800.000 acco	•	· ~ mu2 (C	, 114(2

If you need assistance in completing the form, cell 1-800-PTO-8189 and select option 2